

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
OCT 21 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #:

17-0400

Date:

10-3-17

Amount Paid:

375.00

Refund:

375 10-3-17

RECEIVED  
OCT 21 2016  
Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		DARRIN AND AMANDA MAHN		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		14925 NORMAN DR.		Cable, WI 54821		City/State/Zip:		715.412.2016 Cell Phone: 920.116.0020
Contractor:		JOHN DONNELLEN		Contractor Phone:		Plumber:		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		715.992.2156		Agent Phone:		MICHAEL KNOECK		715.258.9020
Agent Mailing Address (Include City/State/Zip):				Agent Mailing Address (Include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-10536 + 10537		Recorded Document: (i.e. Property Ownership) Volume 1147 Page(s) 480/481		
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page
1/4, 1/4		142		142		Block(s) No.		Subdivision: SKI VILLAGE NORMAN TELEMARK VILLAGES
Section 20, Township 43 N, Range 7 W		Town of:		CABLE		Lot Size		Acres 1.33

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 185,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> tank
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: Holding
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Well
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Slab				

Existing Structure: (if permit being applied for is relevant to it)	Length: 40'	Width: 32'	Height: 18'
Proposed Construction:	Length: 40'	Width: 32'	Height: 18'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(40 X 32)	1140
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with Loft	(10 X 14)	140
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
		with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( X )	
		Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( X )	
		Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use		Addition/Alteration (specify)	( X )	
		Accessory Building (specify)	( X )	
		Accessory Building Addition/Alteration (specify)	( X )	
		Special Use: (explain)	( X )	
		Conditional Use: (explain)	( X )	
		Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

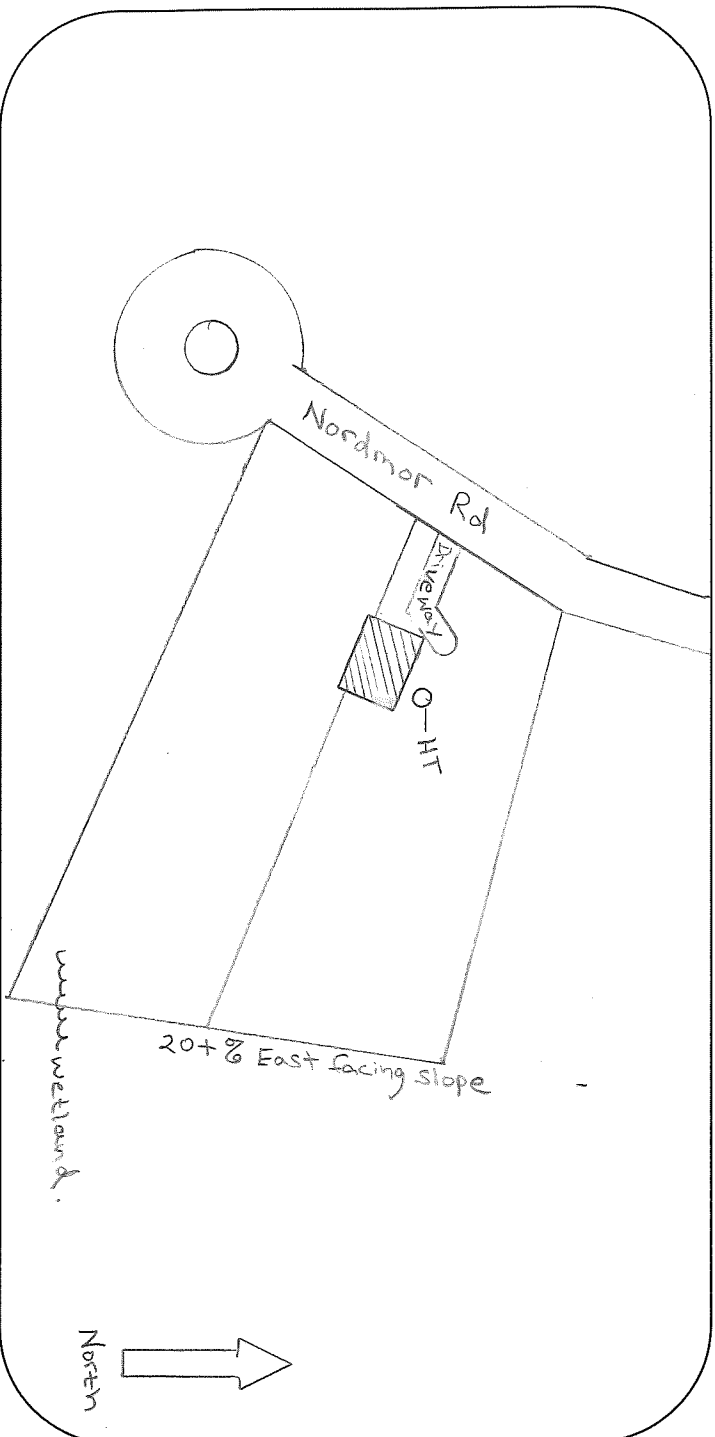
Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; pr (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	77 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	47 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	95 Feet	Setback from Wetland	125 Feet
Setback from the West Lot Line	47 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	1/5 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 17-1135	# of bedrooms: 2	Sanitary Date: 9/29/2017	
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0400	Permit Date: 10-3-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: 301 7051 68-16					
Date of Inspection: 10-24-16	Inspected by: RC Robert				
Condition(s) own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Must get the MUST contact local Uniform Dwelling Code inspection agency and secure the permit as required by State Statute					
Signature of Inspector: [Signature]		Date of Approval: 11/3/16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal  
May Also Be Required  
After-the-Fact

LAND USE – X  
SANITARY – 17-113S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0400** Issued To: **Darrin & Amanda Mann**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **20** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **1 & 2** Block Subdivision **Ski Village North** CSM#

For: **Residential Use: [ 1- Story; Residence (40' x 32') = 1,280 sq. ft.; Porch (10' x 14') = 140 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Must contact local UDC inspection agency and secure UDC permit as required by State Statute.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**October 3, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
SEP 21 2017  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 17-04102  
Date: 10-5-17  
Amount Paid: \$550 9-21-17  
Refund: (POSITIVE DOLLARS)

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <b>Christopher &amp; Courtney Megath</b>		Mailing Address: <b>43550 Broad Rd Hayward WI 54843</b>		City/State/Zip: <b>Cable, WI 54821</b>		Telephone: <b>715-462-4160</b>			
Address of Property: <b>0 Trail Ln Rd</b>		City/State/Zip: <b>Cable, WI 54821</b>		Contractor Phone: <b>715-790-0602</b>		Plumber: <b>Ray Visocky</b>			
Contractor: <b>David Farley</b>		COAST to COAST CONSTRUCTION		Plumber Phone: <b>715-558-2451</b>		Cell Phone: <b>715-558-2451</b>			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <b>715-790-0602</b>		Agent Mailing Address (include City/State/Zip):		Plumber Phone: <b>715-694-0795</b>			
PROJECT LOCATION <b>SE 1/4, SE 1/4</b>		Legal Description: (Use Tax Statement) <b>6</b>		Tax ID# (4-5 digits) <b>8539</b>		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <b>2017</b> R- <b>570054</b>			
Gov't Lot <b>6</b>		Lot(s) <b>546/616/678</b>		Vol & Page <b>546/616/678</b>		Subdivision: <b>80 Acres 8.0 Acres</b>			
Section <b>08</b> , Township <b>43</b> N, Range <b>07</b> W		Town of: <b>CABLE</b>		Lot Size <b>80 Acres</b>		Acreage <b>8.0 Acres</b>			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline : feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline : feet		Distance Structure is from Shoreline : feet		Distance Structure is from Shoreline : feet		Distance Structure is from Shoreline : feet	
<input type="checkbox"/> Non-Shoreland									

Value at Time of Completion * include donated time & material  <b>\$ 250,000</b>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water					
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <b>3 84 lower</b>
							<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>44'</b>	Width: <b>32'</b>	Height: <b>28'</b>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( <b>X</b> )	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <b>44 x 32</b> )	<b>1408</b>
<input type="checkbox"/> with Loft		( <b>X</b> )	
<input checked="" type="checkbox"/> with a Porch		( <b>16 x 16</b> )	<b>256</b>
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <b>X</b> )	
<input type="checkbox"/> with a Deck		( <b>X</b> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <b>X</b> )	
<input type="checkbox"/> with Attached Garage		( <b>24 x 24</b> )	<b>576</b>
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( <b>X</b> )	
<input type="checkbox"/> Mobile Home (manufactured date)		( <b>X</b> )	
<input type="checkbox"/> Addition/Alteration (specify)		( <b>X</b> )	
<input type="checkbox"/> Accessory Building (specify)		( <b>X</b> )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( <b>X</b> )	
<input type="checkbox"/> Special Use: (explain)		( <b>X</b> )	
<input type="checkbox"/> Conditional Use: (explain)		( <b>X</b> )	
<input type="checkbox"/> Other: (explain)		( <b>X</b> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Christopher & Courtney Megath Date 9-20-17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

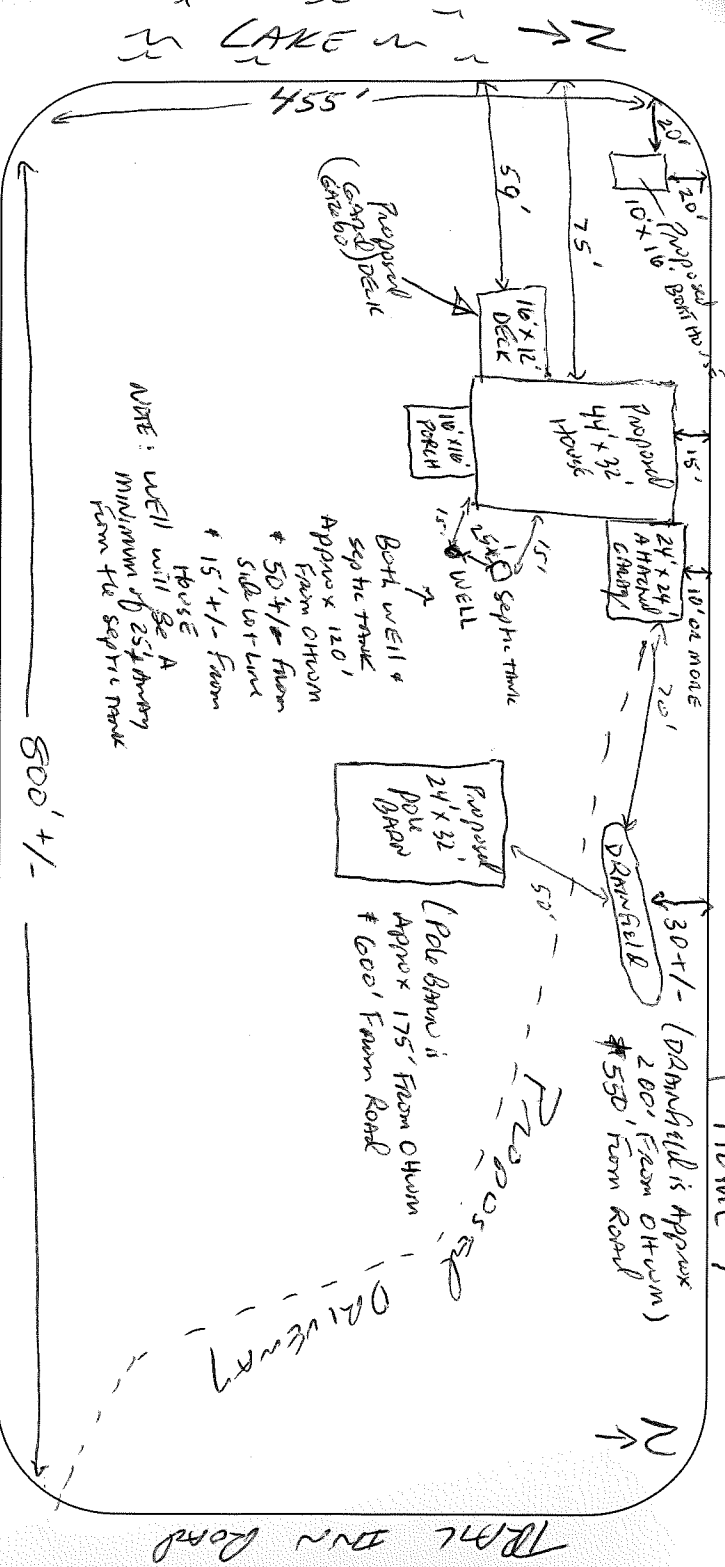
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
(If you recently purchased the property send your Recorded Deed)

WHOLE IS ON SITE cancel APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
Copy of Tax Statement Attach

**Draw or Sketch your Property** (regardless of what you are applying for)

- |                           | Proposed Construction  |
|---------------------------|--|
| (1) Show location of:     | North (N) on Plot Plan   |
| (2) Show / Indicate:      | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (3) Show location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show:                 | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |



**Please complete (1) – (7) above (prior to continuing)**

(8) **Setbacks:** (measured to the closest point)

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600' +/- Feet	Setback from the Lake (ordinary high-water mark)	75' Feet
Setback from the Established Right-of-Way	600' +/- Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	15' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	400' +/- Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	75' +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	5' +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	<del>20'</del> 20' Feet	Setback to Well	15' Feet
Setback to Drain Field	90' +/- Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.


(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 170408		Permit Date: 10-5-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Field Visit w/ applicants - site was staked for dwelling + verified distances & options for the site		Zoning District (R-1) Lakes Classification (3)		
Date of Inspection: 9/7/17	Inspected by: M. Baker + M. S.	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				

Signature of Inspector: 

Date of Approval: 16/9/17

City, village, State or Federal  
May Also Be Required

USE – X  
SANITARY – 17-119S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0402** Issued To: **Christopher & Cynthia McGrath**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **8** Township **43** N. Range **7** W. Town of **Cable**

Part in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Use: [ 1- Story; Residence (44' x 32') = 1,408 sq. ft.; Porch (16' x 16') = 256 sq. ft.;  
Attached Garage (24' x 24') = 576 sq. ft. ] Total Overall = 2,240 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 5, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
SEP 26 2017  
Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0403
Date:	10-5-17
Amount Paid:	\$450 9-28-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Don O'Leary</u>		Mailing Address: <u>5103 Ambler Ave Washburn, WI 54891</u>		City/State/Zip: <u>54891</u>		Telephone: _____		
Address of property: <u>4590 S Knolls Pt Rd</u>		City/State/Zip: <u>Cable WI 54821</u>		Cell Phone: <u>662 805 9013</u>				
Contractor: <u>Scott Byrd</u>		Contractor Phone: <u>715-488-4841</u>		Plumber: <u>Hecky Rasmussen</u>		Plumber Phone: <u>715-798-3355</u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Scott Byrd</u>		Agent Phone: <u>715-488-4184</u>		Agent Mailing Address (include City/State/Zip): <u>19120 Pioneer Rd Cable WI 54821</u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits) <u>10218</u>		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2015</u> R <u>559378</u>		
<u>1/4, 1/4</u>		Gov't Lot <u>2</u>	Lot(s) <u>788</u>	Vol & Page <u>1145430</u>	Lot(s) No.	Block(s) No.	Subdivision: <u>GOFFS</u>	Lot Size _____
Section <u>4</u> , Township <u>43</u> N, Range <u>7</u> W		Town of: <u>Cable</u>		Lot Size _____		Acres <u>9.9</u>		

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>95</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>	Distance Structure is from Shoreline: _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>150,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>6'30" x 12'24"</u>	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> ) <u>  </u> )	
	<u>  </u> with Loft	( <u>  </u> ) <u>  </u> )	
	<u>  </u> with a Porch	( <u>  </u> ) <u>  </u> )	
	<u>  </u> with (2 <sup>nd</sup> ) Deck	( <u>  </u> ) <u>  </u> )	
<input type="checkbox"/> Commercial Use	<u>  </u> with (2 <sup>nd</sup> ) Deck	( <u>  </u> ) <u>  </u> )	
	<u>  </u> with Attached Garage	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Mobile Home (manufactured date) <u>OCT 05 2017</u>	( <u>  </u> ) <u>  </u> )	
<input checked="" type="checkbox"/> Addition/Alteration	(specify) <u>6'30" x 12'24" Deck/Family Rm</u>	( <u>  </u> ) <u>  </u> )	<u>468</u>
<input type="checkbox"/> Accessory Building	(specify) _____	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>  </u> ) <u>  </u> )	
	<input type="checkbox"/> Other: (explain) _____	( <u>  </u> ) <u>  </u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Scott Byrd Date 9-26-17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_





City, village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 15-138S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0403** Issued To: **R Douglas O'Leary / Scott Byrd, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **4** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot                      Lot **10**                      Block                      Subdivision **Goff's Re-subdivision of Govt Lot 2**                      CSM#

For: **Residential Addition: [ 1- Story; Family Room / Deck (6' x 30') (12' x 24') = 468 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

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Authorized Issuing Official

**October 5, 2017**

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Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
SEP 22 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0404
Date:	10-5-17
Amount Paid:	\$150 9-25-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Paul Radloff	Mailing Address: 40515 US Hwy 63 Cable, WI 54831	City/State/Zip: Cable, WI 54831	Telephone: 715-798-3247
Address of Property: 40515 US Hwy 63		City/State/Zip: Cable, WI 54831	Cell Phone: 715-205-4874
Contractor: Catlin Construction		Contractor Phone: 715-822-8513	Plumber: 715-205-4874
Authorized Agent: (Person Signing Application on Behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: NE 1/4 SE 1/4	Legal Description: (Use Tax Statement)	Tax ID #: (4-5 digits) 9943	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R 567644
Section 35, Township Cable N, Range R08 W	Town of: Cable	Lot Size	Acreage 9.3

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$6,600	Project	# of Stories and/or Basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Posts	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 48 ft	Width: 32 ft	Height: 10 ft
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( X )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( X )		
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck	( X )		
<input type="checkbox"/> Other: (explain) storage shed	with Attached Garage	( X )		
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	Mobile Home (manufactured date)	( X )		
<input type="checkbox"/> Addition/Alteration (specify)	Accessory Building (specify)	( X )		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )		
<input type="checkbox"/> Special Use: (explain)	Conditional Use: (explain)	( X )		
<input checked="" type="checkbox"/> Other: (explain)		( 32 x 48 )		1536

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and to be responsible for the purpose of inspection.

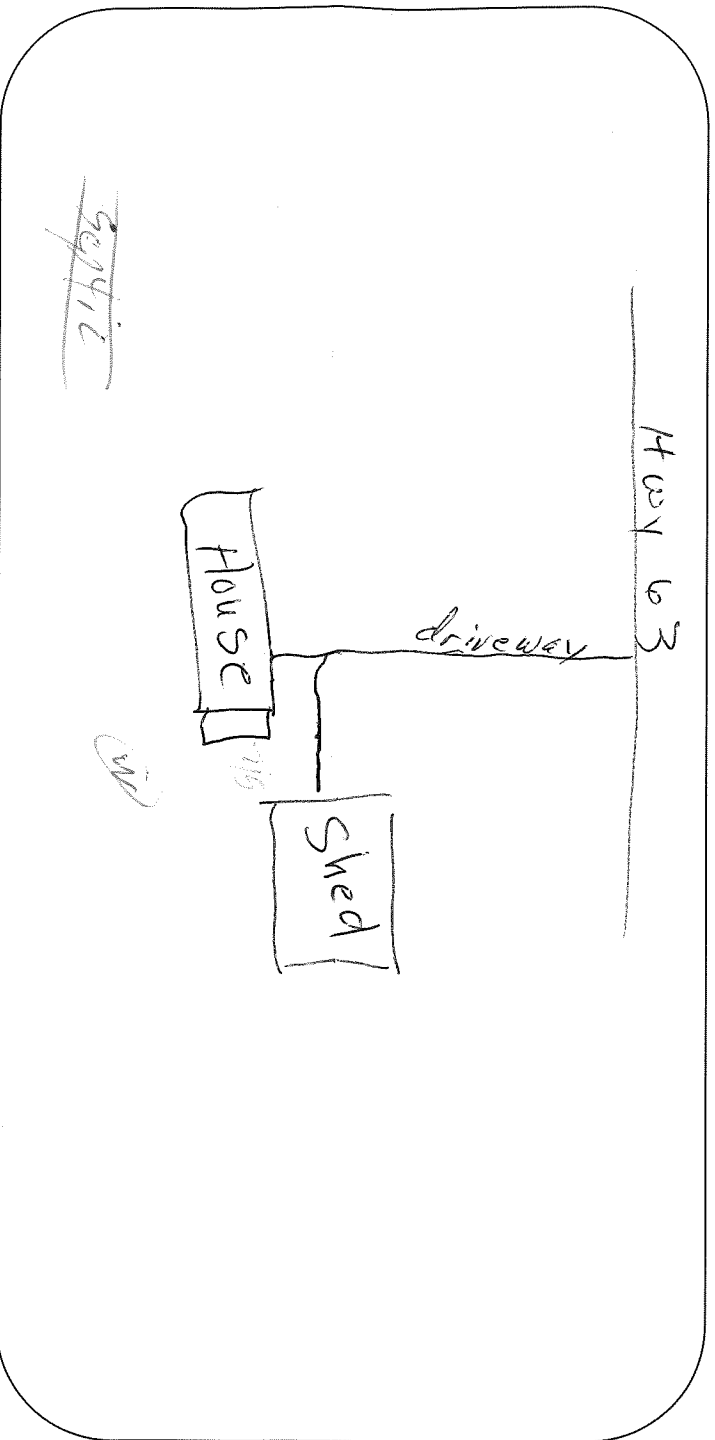
Owner(s): Paul Radloff Date 9-18-2017  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
Copy of Tax Statement Attach  
if you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	61 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1,000 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	390 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	61 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	70 Feet
Setback to Drain Field	90 Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>14-865</b>	# of bedrooms: <b>3</b>	Sanitary Date: <b>9/17/14</b>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <b>17-0404</b>		Permit Date: <b>10-5-17</b>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <b>ATF - Garage Built, landowners contacted office "Hea culpa"</b>						Zoning District (R-2)	
Landowners declared where E/W property line grant use for post box room						Lakes Classification ( - )	
Date of Inspection: <b>9/28/17</b>		Inspected by: <b>A. J. J. J.</b>				Date of Re-inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
Signature of Inspector: <b>A. J. J. J.</b>							
Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.							
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	
						Date of Approval: <b>9/29/17</b>	

City, village, State or Federal  
Also Be Required  
After-the-Fact

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0404** Issued To: **Paul Radloff**

## W & N of RR ROW Less a Parcel

Location: **SE** ¼ of **NE** ¼ Section **35** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Accessory Structure: [ 1- Story; Shed (32' x 48') = 1,536 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation unless all applicable zoning / sanitary & UDC codes are fully met.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 5, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
SEP 21 2017  
Bayfield Co. Zoning Dept

Permit #:	17-6405
Date:	10-5-17
Amount Paid:	\$75 9-21-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Christopher & Cynthia McElerny	Mailing Address: 9625 W Branch Rd. Hesperia WI 54843	Telephone: 715-462-4160
Address of Property: 0 TRAIL INN RD	City/State/Zip: Cable, WI 54821	Cell Phone: 715-558-2451
Contractor: DAVID FALEY Co AST to Co AST Construction	Contractor Phone: 715-790-0662	Plumber: 715-558-2452
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: SE 1/4, SE 1/4 6	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): 8539
Gov't Lot: 6	CSM: 26-188	Vol & Page: 546
Lot(s):	Lot(s) No.:	Block(s) No.:
Section: 08, Township: 43 N, Range: 07 W	Town of: CABLE	Subdivision:
Distance Structure is from Shoreline: feet		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R. 570054
Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Yes---Continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 200 +/- feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: 304 COPOL	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 39' (32')	Width: 24' (24')	Height: 15'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input type="checkbox"/> with a Porch		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with Attached Garage		( ) X ( )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X ( )	
<input type="checkbox"/> Addition/Alteration (specify)		( ) X ( )	
<input checked="" type="checkbox"/> Accessory Building (specify) Detached Pole Barn		( 24 X 32 )	768
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X ( )	
<input type="checkbox"/> Special Use: (explain)		( ) X ( )	
<input type="checkbox"/> Conditional Use: (explain)		( ) X ( )	
<input type="checkbox"/> Other: (explain)		( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 9-20-17  
(If there are Multiple Owners listed on the Deed All Owners must sign or [Signature] of authorization must accompany this application)

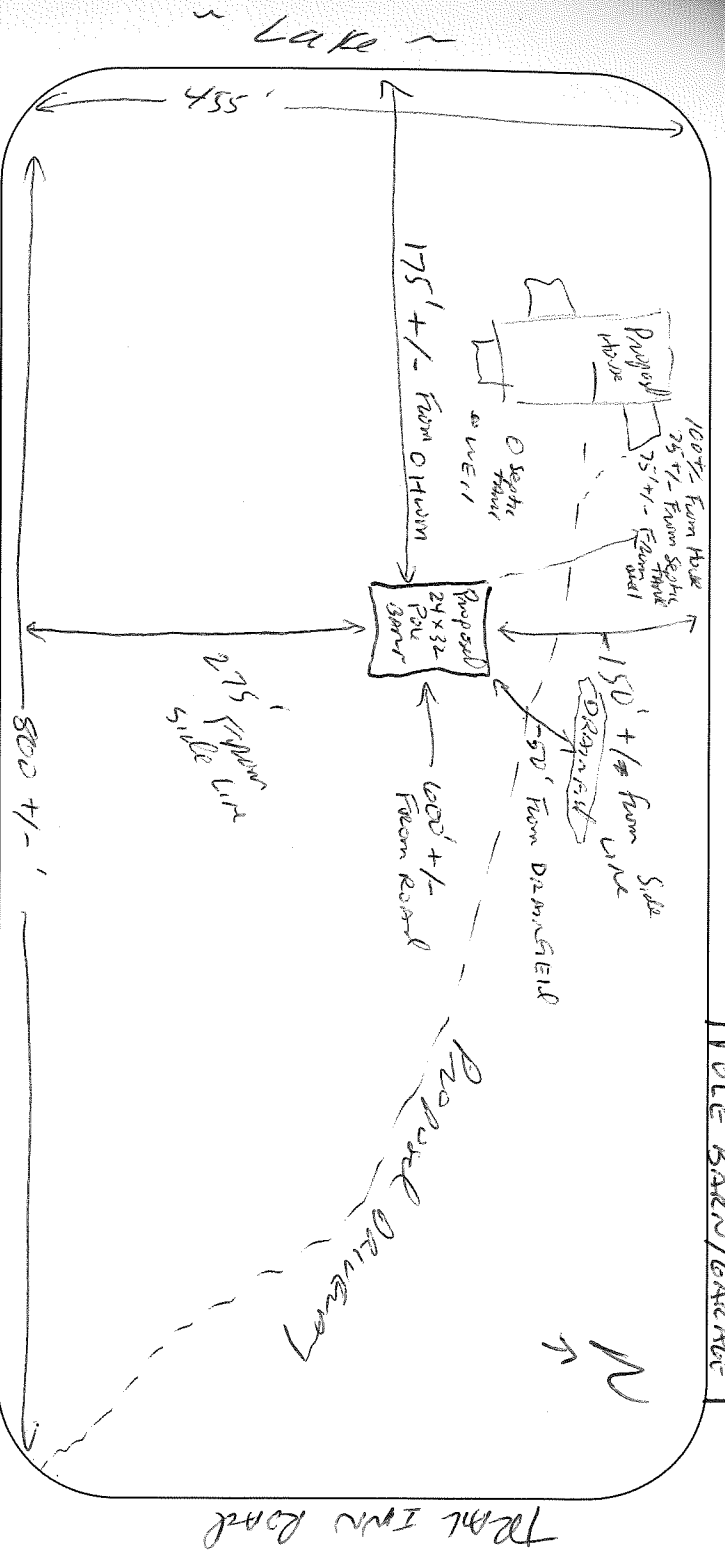
Authorized Agent: [Signature] Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
Copy of Tax Statement Attach  
If you recently purchased the property send your Recorded Deed



How? Draw or Sketch your Property (regardless of what you are applying for)

- |                           | Proposed Construction  |
|---------------------------|--|
| (1) Show Location of:     | North (N) on Plot Plan   |
| (2) Show / Indicate:      | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (3) Show Location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |



Please complete (1) – (7) above (prior to continuing)

**Changes in plans must be approved by the Planning & Zoning Dept.**

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600' +/- Feet	Setback from the Lake (ordinary high-water mark)	175' +/- Feet
Setback from the Established Right-of-Way	600' +/- Feet	Setback from the River, Stream, Creek	~119 Feet
Setback from the North Lot Line	150' +/- Feet	Setback from the Bank or Bluff	~119 Feet
Setback from the South Lot Line	275' +/- Feet	Setback from Wetland	~119 Feet
Setback from the West Lot Line	175' +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	600' +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	75' +/- Feet	Setback to Well	75' +/- Feet
Setback to Drain Field	50' +/- Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0405		Permit Date: 10-5-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (A-1) Lakes Classification (3)		
Date of inspection: 9/7/17	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)				
Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.				
Signature of Inspector: [Signature]		Date of Approval: 10/2/17		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0405** Issued To: **Christopher & Cynthia McGrath**

Location: - ¼ of - ¼ Section **8** Township **43** N. Range **7** W. Town of **Cable**

Part in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ 1- Story; Pole Barn (24' x 32') = 768 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 5, 2017**

Date

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
SEP 21 2017  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 17-0460  
Date: 10-5-17  
Amount Paid: \$300 9-21-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Christopher & Cynthia McNamee	Mailing Address: 9635W Grand Ave	City/State/Zip: Hayward WI 54843	Telephone: 715 462 4160
Address of Property: 0 TRAIL RUN RD	City/State/Zip: ABLE WI 54821	Contractor Phone: 715-699-4040	Cell Phone: 715 558 2451
Contractor: David Farley, const no coast construction	Plumber:	Agent Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SE 1/4, SE 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): 8539	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R. 570054
Gov't Lot: 6	Lot(s):	CSM: 246-188	Vol. & Page: 546
Section: 18, Township: 43 N, Range: 07 W	Town of: ABLE	Lot Size: 80 Acres	Acres: 80 Acres
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: 20' feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$ 10,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: 300 cpg	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None				

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 10'	Height: 8'
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	Accessory Building (specify) BOATHOUSE	( 16' X 10' )	160'
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	Special Use: (explain)	( X )	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	Other: (explain)	( X )	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I (we) will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to County officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date: 9-20-17

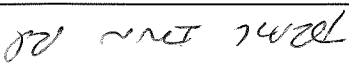
Authorized Agent: [Signature] Date: \_\_\_\_\_

Address to send permit: \_\_\_\_\_ Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Wetlands check on property. Can zoning APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE has a setback of 25' from any structure.



- Boathouse



820-1-

(8) **Setbacks:** (measured to the closest point)

Feet	
Feet	

setback,

ment by

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits

Hold For Sanitary

City, Village, State or Federal  
May Also Be Required

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0406** Issued To: **Christopher & Cynthia McGrath**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **8** Township **43** N. Range **7** W. Town of **Cable**

Par in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ 1- Story; Boathouse (16' x 10') = 160 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Use best management practices to reduce erosion. For use with boat related activity only.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found  
to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 5, 2017**

Date